

Case Number:	CM14-0004285		
Date Assigned:	02/21/2014	Date of Injury:	05/17/2010
Decision Date:	07/14/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/10/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56 year old male with reported injury on 05/17/2010. The mechanism of injury was not provided. The injured worker an orthopedic exam on 01/08/2014 with complaints of right hip pain, left hip pain, right knee pain and left shoulder pain. Upon exam of the left shoulder he had 160 degrees abduction range of motion with positive impingement sign. The shoulder drop test is also positive. His range of motion to the right knee is from zero to 120 degrees flexion. The hips bilaterally revealed range of motion zero to 80 degrees of flexion. His diagnoses were right and left total hip arthroplasty, right knee degenerative joint disease, left rotator cuff tear and insomnia. The medications that were listed were Norco and Prilosec. The recommended treatment is for left shoulder rotator cuff repair due to failed response to physical therapy and medication, and right total knee arthroplasty. The injured worker did have the left rotator cuff repair on 02/17/2014. His urinalysis on 01/09/2014 did not detect any use of opioids at that time. The request for authorization and the rationale were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

LIDODERM PATCHES (FREQUENCY AND QUANTITY UNKNOWN): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 56-57 & 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-112.

Decision rationale: The request for Lidoderm patches is non-certified. The California guidelines recommends that Lidoderm has been designated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. There is no documentation of evidence to support the use of Lidoderm patches. Furthermore, the request does not specify directions as to the dose, frequency and placement of the patches. Therefore the request for Lidoderm patches is non-certified.

NORCO 10/325 MG (FREQUENCY AND QUANTITY UNKNOWN): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-78.

Decision rationale: The request for Norco 10/325 is non-certified. The California MTUS guidelines recommend four domains to be relevant for ongoing monitoring of chronic pain in patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. There was lack of documentation on pain assessment and evaluation. There was no evidence of a psychosocial evaluation. The urinalysis showed that opioids were not detected. Furthermore, there was no directions on the frequency and duration of the Norco. Therefore the request for Norco is non-certified.